MARYLAND STATE DEPARTMENT OF HEALTH

3736 2411 N. Charles Street, Baltimore 03726

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Norton Md
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rural Norton Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Norton Maryland
STREET ADDRESS (If rural, give location) Colemans Md

3. NAME OF DECEASED (Type or Print) (First) Hydie (Middle) Lee (Last) Brice
4. DATE OF DEATH (Month) April (Day) 6 (Year) 1954
5. SEX male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Single
8. DATE OF BIRTH 2/4/1889
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor on Farm
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Betterton Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Thomas E Brice
14. MOTHER'S MAIDEN NAME Mamie Leigh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Donald Carter Galena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute coronary insufficiency — with pulmonary edema — Dont know

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis & auricular fibrillation — Dont know

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-1, 1954 to 4-6, 1954 that I last saw the deceased alive on 4-6, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R Fut Farr (Degree or title) MD. ADDRESS Chestertown, Md DATE SIGNED 4-8-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 4/9/1954
NAME OF CEMETERY OR ~~CREMATORY~~ Still Pond Md
LOCATION (City, town, or county) Still Pond (State) Maryland

DATE REC'D BY LOCAL REG. 4/9/54
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3728 **CERTIFICATE OF DEATH** 03727

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37

LENGTH OF STAY (in this place) ~~xx~~ 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Queen Anne Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37

STREET ADDRESS (If rural give location) 222 Washington, Ave.

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Massey (Last) Brooks

4. DATE OF DEATH: (Month) Apr. (Day) 15, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 9/13/1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. C. H. B. Massey

14. MOTHER'S MAIDEN NAME: Mary A. Oldham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: P. M. Brooks, Sr. Chestertown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4-91X Immediate cause	(a) Circulatory collapse	3 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchial pneumonia	11 days
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension; angina

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1953 to April 15 1954, that I last saw the deceased alive on 4-15, 1954, and that death occurred at 6:35 p.m. from the causes and on the date stated above.

SIGNATURE A. L. Dick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/18/1954

NAME OF CEMETERY OR CREMATORY I. U. Cemetery

LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR April 17-1954

REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR J. Willis Wells- ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3737

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03728

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FAIRLEE
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FAIRLEE
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELIZABETH (Last) CANN

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: ?

9. AGE last birthday: about 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE CLEANING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: HENRIETTA WALLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ANNA MARIE BLACK FAIRLEE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) PROBABLE CORONARY OCCLUSION — Interval between onset and death: 10 MIN.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on NOT SEEN ALIVE, 19....., and that death occurred at ABOUT 6 30 p.m., from the causes and on the date stated above.

SIGNATURE: Raymond M. Atkins (Degree or title) M.D. ADDRESS: DATE SIGNED: 4-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 5 1954
NAME OF CEMETERY OR CREMATORY: Fairlee Cemetery
LOCATION (City, town, or county) (State): Fairlee Kent Co. Maryland

DATE REC'D BY LOCAL REG.: April 5-1954
REGISTRAR'S SIGNATURE: Clara L. Barnes
24. FUNERAL DIRECTOR ADDRESS: Marvin V. Williams - Chestertown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 7 1964
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3738 CERTIFICATE OF DEATH

03729

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) H (Last) DAVIS

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: Nov. 2 1880 9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farming 10b. KIND OF BUSINESS OR INDUSTRY: Farm. 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Davis 14. MOTHER'S MAIDEN NAME: Elizabeth Wooleyhan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: none 17. INFORMANT & ADDRESS: Mrs Asa. Davis - Galena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 002X (a) Tuberculosis of the lung. — Interval Between Onset And Death: Years -

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Tumor of the stomach.

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1953, to Apr. 22, 1954, that I last saw the deceased alive on Apr. 22, 1954, and that death occurred at Apr. 23, 54, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Millington DATE SIGNED 4.24.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/26/54 NAME OF CEMETERY OR CREMATORY Cecilton Am. LOCATION (City, town, or county) Cecilton Cecil Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 26, 1954 REGISTRAR'S SIGNATURE Elizabeth J. Mulford 24. FUNERAL DIRECTOR Edward Fellows - ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03730

3729 CERTIFICATE OF DEATH

Reg. Dist. No 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
MARYLAND
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Coppage (Last) Fuerst

4. DATE OF DEATH: (Month) 4/28/54 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8/6/1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel J. Coppage

14. MOTHER'S MAIDEN NAME: Virginia (Jennie) Pennington

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Melvin Collyer Rock Hall, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 420.1 (a) Coronary thrombosis — Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary atherosclerosis, & hypertensive — years

DUE TO (c) cardiovascular disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,19 54, to April 28, 19 54, that I last saw the deceased alive on April 28 19 54, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F Smith MD ADDRESS Rock Hall, Md DATE SIGNED April 28, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/I/1954 NAME OF CEMETERY OR CREMATORY Galena Cemetery LOCATION (City, town, or county) (State) Galena, Maryland

DATE REC'D BY LOCAL REGISTRAR April 28-1954 REGISTRAR'S SIGNATURE Clara L. Barnes,

24. FUNERAL DIRECTOR J. Willis Wells - C ADDRESS Chestertown, Md

RECEIVED
APR 30 19[illegible]
BUREAU V. S.

Film 1160 Item# 8
5/10/54 emf

MARYLAND

03731

STATE DEPARTMETT OF HEALTH

3730 CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 60	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann's	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Healey (Last) Hague	4. DATE OF DEATH (Month) April (Day) 29 (Year) 1954
5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-3-1868 — 9. AGE last birthday 86 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wheelwright — 10b. KIND OF BUSINESS OR INDUSTRY Wheel Wright	11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William H Hague	14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Elizabeth Tomb Still Pond, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) General circulatory collapse	3 days
Antecedent cause(s)	(b) Arteriosclerosis, cerebral	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral vascular accident	4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatic hypertrophy	60 days?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1954, to 4-29, 1954, that I last saw the deceased alive on 4-29, 1954 and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Chestertown, Md	4-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 2/54	NAME OF CEMETERY OR CREMATORY Still Pond Cemetery	LOCATION (City, town, or county) Still Pond (State) Maryland
DATE REC'D BY LOCAL REG. May 1-1954	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR B R Tillows	ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

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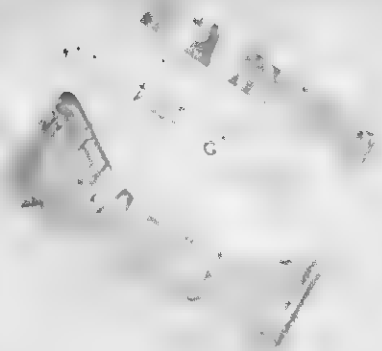

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03732

3731 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN
STREET ADDRESS (If rural give location) Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) V. (Last) JOHNSON
4. DATE OF DEATH: (Month) APRIL (Day) 1 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ ~~(Specify)~~
8. DATE OF BIRTH: APRIL 1, 1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? US BORN
13. FATHER'S NAME: SAMUEL JOHNSON
14. MOTHER'S MAIDEN NAME: ISABELLE JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service) UNKNOWN
16. SOCIAL SECURITY No.: 220-01-4766A
17. INFORMANT & ADDRESS: VIOLA WALLY (DAUGHTER) CHESTER, PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) HEPATIC INSUFFICIENCY — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CIRRHOSIS — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACUTE CHOLECYSTITIS — 1 wk

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? PARTIAL Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/30, 1954, to 4/1, 1954, that I last saw the deceased alive on 4/1, 1954, and that death occurred at 10 15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Gulbrandsen MD
ADDRESS Chestertown, Md
DATE SIGNED 4/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/3/54
NAME OF CEMETERY OR CREMATORY Georgetown (col.) Cem.
LOCATION (City, town, or county) (State) near- Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR April 2, 1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells- Chestertown, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3733

3732

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) MARYLAND I day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent - Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingstown
STREET ADDRESS (If rural give location) (near Chestertown, Md) ✓

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) R. (Last) Latham

4. DATE OF DEATH: (Month) (Day) (Year) 4/5/1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 8/8/1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Knotts

14. MOTHER'S MAIDEN NAME: Josephine Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: George Latham Chestertown Md husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44.3X (a) Pulmonary edema DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congestive Heart Failure DUE TO (c) Hypertensive C-V Dis.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9 ..., 1953 to 4-5 ....., 1954, that I last saw the deceased alive on 4-5 ., 1954, and that death occurred at 9 00 pm ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Raymond M. Hilkis, M.D ADDRESS Chestertown DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/8/54 NAME OF CEMETERY OR CREMATORY Chester Cem. LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR April 7-1954 REGISTRAR'S SIGNATURE Tiara L. Barnes,

24. FUNERAL DIRECTOR ADDRESS Chestertown, Md. J. Willis Wells Funeral Director

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

CORA I. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

03734

3733

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Campus ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 104 Campus ave

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) A. (Last) Pennington

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: March 19, 1875

9. AGE last birthday: 79 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kennedyville Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Wilson Pennington

14. MOTHER'S MAIDEN NAME: Catharine Nilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-32-7148

17. INFORMANT AND ADDRESS: Mrs. Nelia Pennington 104 Campus ave Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3 21 X

Immediate cause (a) Cerebral Hemorrage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1954, to 4-6, 1954, that I last saw the deceased alive on 4-6, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: H P Cochran (Degree or title) Physician ADDRESS Chestertown DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Apr. 9, 1954 | NAME OF CEMETERY OR CREMATORY: Salem Cemetery | LOCATION (City, town, or county) (State): Kennedyville Md

DATE REC'D BY LOCAL REG.: April 7-1954 | REGISTRAR'S SIGNATURE: Mrs. Elizabeth Wickes | 24. FUNERAL DIRECTOR: Wm. C. Wickes ADDRESS Kennedyville Md

RECEIVED
APR 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3734 **CERTIFICATE OF DEATH** Reg. Dist. No. 03735

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) 601 High St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Benjamin (Last) Spry, Sr.
4. DATE OF DEATH: (Month) (Day) (Year) 4/14/1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 2, 1868
9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Spry
14. MOTHER'S MAIDEN NAME: Emma Cahoon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: yes
17. INFORMANT & ADDRESS: Mrs. J.B. Spry (wife) Chestertown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) Metabolic failure due to
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
Interval Between Onset And Death: (a) . . . (b) — (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1953, to 4-14, 1954, that I last saw the deceased alive on 4-14, 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Raymond M. Hilkis, M.D. Chestertown 4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 4/17/1954 NAME OF CEMETERY OR CREMATORY Crumpton Cem. LOCATION (City, town, or county) at Crumpton, Md. (Queen Anne Co.) (State)
DATE REC'D BY LOCAL REGISTRAR April 17-1954 REGISTRAR'S SIGNATURE Clara L. Barnes
24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
APR 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03736

3735

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown 30 — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. Broad Neck

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown R.F.D.
STREET ADDRESS (If rural give location): Broad Neck Section

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Rolph (Last) Stoops
4. DATE OF DEATH: (Month) (Day) (Year) 4/I7/I954 19
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar. 23, I884
9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Webster Stoops
14. MOTHER'S MAIDEN NAME: Ida Maslin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: yes
17. INFORMANT & ADDRESS: Mrs. Louise Stoops Chestertown, Md. (Broad Neck)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Pneumonia, Lobar — 1 wk.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Metabolic Failure — "
DUE TO
(c) Arteriosclerosis, Generalized

I. ICD: 490 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 19 54, to 4-17, 19 54 that I last saw the deceased alive on 4-17, 19 54, and that death occurred at 7, from the causes and on the date stated above.

SIGNATURE (Degree or title): R. M. Atkins M.D. — ADDRESS: Chestertown — DATE SIGNED: 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/I9/I954 — NAME OF CEMETERY OR CREMATORY: St. Paul Cem. — LOCATION (City, town, or county) (State): near- Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: April 19-1954 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Md.

VS. A15

RECEIVED
APR 21 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03737

3739 CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Neck
STREET ADDRESS (If rural, give location) Rock Hall R. D. #1

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) Ellsworth (Last) Watson
4. DATE OF DEATH (Month) Apr. (Day) 24 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W	Married	Jan. 31 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing & oystering
11. BIRTHPLACE (State or foreign country): Rock Hall Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm Watson
14. MOTHER'S MAIDEN NAME: Anna Watkins ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-16-8441
17. INFORMANT AND ADDRESS: Bertha E. Watson - Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lip c metastases — 8 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to mandible and regional nodes of neck.

(c)

140 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 53, to April 24 19 53, that I last saw the deceased alive on April 24, 1954, and that death occurred at 8 30 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Md. — DATE SIGNED: April 24, 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 27 1954	Wesley Chapel Cem.	Rock Hall Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
4/26/54	S. Elwood Burgess	Marvin V. Williams - Chestertown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 29 1954
BUREAU V. S.